

North Carolina Department of Health and Human Services

**Division of Mental Health, Developmental
Disabilities, and Substance Abuse Services**

**2001-2002 Performance
Agreements with
Area Programs and Counties**

Report on the First Quarter

July 1, 2001 - September 30, 2001

Prepared by

**Advocacy, Client Rights, and Quality Improvement Section
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services**



November-2001



**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse
Services**

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Michael F. Easley, Governor
Carmen Hooker Buell, Secretary

Arthur J. Robarge, Ph.D., MBA, Acting Director

November 15, 2001

MEMORANDUM

TO: Area Board Chairs
Area Program Directors
County Managers
NC Commission for MH/DD/SAS Members
NC Council of Community Programs
DMH/DD/SAS Executive Staff

FROM: Arthur J. Robarge, Ph.D., MBA

RE: **2001-2002 Performance Agreement First Quarter Report**

This transmits the first quarter report by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services on its 2001-2002 performance agreements with Area Programs and Counties.

Under these agreements the Division is to provide quarterly reports summarizing results of its monitoring of Area Program or County performance and progress on particular contract requirements. The reports are to include pertinent statewide data and cross-agency comparisons.

State Fiscal Year 2001-2002 is the 3rd year the Division has used formal memoranda of agreement that also serve as performance contracts with its local partners. The current contract form and contents differ somewhat from their predecessor instruments. They reflect ongoing collaborative efforts by the Division and the NC Council of Community Programs to enhance report utility in advancing service improvements, client outcomes and overall fiscal, program and system accountability.

Your suggestions for further report improvements are invited.

AJR/mb

Enclosure

cc: Secretary Carmen Hooker Buell



2001-2002 Performance Agreement
First Quarter Report

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(No reports this quarter)	

Introduction

Background

In June 1999, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services developed the 1999-2000 Performance Agreement to replace the memorandum of agreement which historically was signed by each Area Program or County and the Division. The creation of this new contract marked a significant change in the relationship between the Division and the Area Programs and Counties. It moved the relationship to a more businesslike association characterized by the clear statement of respective responsibilities and performance requirements geared toward major program outcomes.

This shift demonstrated the Division's focus on greater accountability for the resources invested in the community-based mental health, developmental disabilities and substance abuse service system by the State and Federal governments.

As an important element in achieving such accountability, the Division employs a variety of specified methods to monitor and/or verify Area Program and County fulfillment of their responsibilities and performance requirements as spelled out in the agreements.

State Fiscal Year 2001-2002 is the third year the Division has used these performance agreements with its local partners. As in prior contracts, the current agreements provide that the Division will publish the results of its monitoring in periodic, quarterly reports that present Area-specific performance data, comparisons to statewide data, and cross-Area comparisons.

This is the first quarter report under the 2001-2001 Performance Agreements. It includes data on the performance requirements specified in Section IV of the current agreements. Some requirements are tracked on a quarterly basis. Others are traced on a semi-annual or annual frequency. For reasons of economy, only those requirements with a report due in the first quarter are included in this report.

The reporting under Accountability 1 also includes corrective actions and management improvements that result from monitoring of items specified in Section III-C of the current agreement and from prior years' monitoring. These may include actions as required by the Secretary of the Department of Health and Human Services, the Division, or as committed to by Area Programs or Counties related to current or prior audits, program reviews or quality improvement processes.

The tables on the following pages list the performance requirements, allied reporting schedules and the Division Section or Branch staff member to contact for information regarding the requirements and/or associated reports.

Appeal Process

If officials of an Area Program or County believe that information contained in this report is in error, the Area Program Director may make a written appeal to the Director of the Division within fifteen (15) working days of receipt of the report by the Area Program or County. The appeal should include reference to the specific requirement(s) that is/are in question, a clear and concise refutation, and any supporting documentation that can assist in the contest.

The Division Director will appoint staff to review the material submitted and to make recommendations as to a decision: either concurrence with or denial of the appeal. In either case, the Division Director will give timely written notice to the Area Director of the outcome of the appeal including the specific reason(s) leading to the decision. In cases where the Division Director concurs with the Area Program, the Division will send letters to the Area Program Director, the Area Board Chair, and the respective County Manager(s) informing them of the error. An errata sheet and/or corrected table, highlighting the correction, will be included in an appendix to the next Performance Agreement quarterly report.

Appeals should be mailed to the following address:

Arthur J. Robarge, Ph.D., Acting Director
North Carolina DMH/DD/SAS
Mail Service Center 3020
Raleigh, NC 27603-3020

2001-2002 Performance Agreement Report Schedule

The table below shows which requirements will be reported by quarter or otherwise.

Section IV Performance Requirements			Quarterly Report Schedule			
			1st	2nd	3rd	4th
Category	#	Requirement	Nov 15	Feb 15	May 15	Aug 15
A. Fiscal Management	1	Maintain responsible accounting, reimbursement and financial management practices so as to provide continuous unrestricted fund balance of at least one month's operational costs and to assure consistent availability of services to client within overall funding levels. For single counties that do not provide fund balances, county managers should provide sufficient financial backing for the program to assure consistent availability of services to clients within overall funding levels.	As Needed This requirement will be measured, monitored and reported on through the pertinent performance requirements under Fiscal Management 2			
	2	Submit all reports required by law, regulations or the DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports. Such reports shall include the following:				
		Quarterly Fiscal Monitoring Reports	X	X	X	X
		Cost Finding Report		X		
		Revenue Adjustment Reports	X	X	X	X
		Documentation of paybacks for non-compliance items identified during the Annual Medicaid Services Audit		X		
		Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Compliance Report		X		X
		Substance Abuse/Juvenile Justice Initiative Quarterly Reports	X	X	X	X
		TANF/Work First Initiative Quarterly Reports	X	X	X	X
		Volume of Service Submissions for:				
		Regular UCR	X	X	X	X
		At-Risk Children (former Willie M.) UCR	X	X	X	X
		UCR-MR/MI (formerly Thomas S.)	X	X	X	X
		UCR special categorical Adult and Youth Homeless (when applicable)	X	X	X	X
B. Accountability	1	Implement reasonable or agreed upon corrective actions and management improvements as required by the Secretary, the Division, or as committed to by the Area Program from audits, program reviews or quality improvement processes	X	X	X	X
	2	Achieve and maintain accreditation by the Council on Accreditation	X	X	X	X
	3	Submit timely and complete client data reports for all clients as specified in each of following categories:				
		Client Data Warehouse (CDW)	X	X	X	X
		Client Outcome Initiative (COI)	X	X	X	X
		At Risk Children Assessment and Outcome Instrument (AOI)	X	X	X	X
		MR/MI Person Centered Plans	X	X	X	X
		NC Treatment Outcomes and Program Performance System (TOPPS) Assessments				X
		Participate in the Developmental Disabilities' Core Indicators Project		X		
		Local Community Collaboratives will submit At Risk Children waiting list data	X	X	X	X
		Maintain current, accurate computerized database reflecting content specified by the Developmental Disabilities Section	X		X	
		Complete the NC SNAP			X	
C. Client Rights and Relations	1	Administer the Division Client Satisfaction Surveys to Mental Health and Substance Abuse clients, consistent with Division standards and submit data received according to Division guidelines			X	
D. Access to Services	1	Provide access to services for eligible children in DSS custody in an attempt to improve penetration rates from FY 01 to FY 02, subject to available funding	X	X	X	X
E. Service Delivery	1	Offer an appointment to see individuals who choose the Area Program for follow-up care within five (5) working days after notification to the Area Program of discharge from state hospitals and ADATC's. If the client does not attend the appointment (i.e., no show), the Area Program will document that reasonable professional efforts were made to see or reschedule the client. (Adult Mental Health and Substance Abuse Services)				X

PA Report Schedule01-02

2001-2002 Performance Agreement Contact List

The table below shows the Division Section or Branch staff member to contact for information regarding the listed Section IV performance requirements and/or reports on those requirements.

Category	#	Section IV Requirement (abbreviated)	Section/Branch Contact Person	Phone/Email	Address
A. Fiscal Management	1	Maintain responsible accounting, reimbursement and financial management practices	Rick DeBell, Budget Section	(919) 733-7013 Rick.DeBell@ncmail.net	Budget Section Mail Service Center 3013 Raleigh, NC 27699-3013
	2	Submit all reports required by law, regulations or DHHS:			
		Quarterly Fiscal Monitoring Reports	Rick DeBell, Budget Section	(919) 733-7013 Rick.DeBell@ncmail.net	Budget Section Mail Service Center 3013 Raleigh, NC 27699-3013
		Cost Finding Report	Rick DeBell, Budget Section	(919) 733-7013 Rick.DeBell@ncmail.net	Budget Section Mail Service Center 3013 Raleigh, NC 27699-3013
		Revenue Adjustment Reports	Rick DeBell, Budget Section	(919) 733-7013 Rick.DeBell@ncmail.net	Budget Section Mail Service Center 3013 Raleigh, NC 27699-3013
		Documentation of paybacks for non-compliance items identified during the Annual Medicaid Audit	Manly Fishel, Program Accountability	919/881-2446 Manly.Fishel@ncmail.net	Program Accountability Section Mail Service Center 3012 Raleigh, NC 27699-3012
		Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Compliance Report	Terrie Qadura, Substance Abuse Services Section	(919)733-4671 Terrie.Qadura@ncmail.net	Substance Abuse Services Section Mail Service Center 3007 Raleigh, NC 27699-3007
		Substance Abuse/Juvenile Justice Initiative Quarterly Reports	Spencer Clark, Substance Abuse Services Section	(919)733-4671 Spencer.Clark@ncmail.net	Substance Abuse Services Section Mail Service Center 3007 Raleigh, NC 27699-3007
		TANF/Work First Initiative	Helen Wolstenholme, Substance Abuse Services Section	(919)733-4671 Helen.Wolstenholme@ncmail.net	Substance Abuse Services Section Mail Service Center 3007 Raleigh, NC 27699-3007
		Volume of Service Submission: Regular UCR (Pioneer)	Rick DeBell, Budget Section or Bob Duke, DHHS Controller's Office	(919) 733-7013 Rick.DeBell@ncmail.net or (919) 733-4630 Bob.Duke@ncmail.net	Budget Section Mail Service Center 3013 Raleigh, NC 27699-3013 or DHHS Controller's Office Mail Service Center 2019 Raleigh, NC 27699-2019
		Volume of Service Submission: At-Risk Children (former Willie M.) UCR	Julie Hayes Seibert, Child and Family Services Section	(919)571-4900 Julie.Seibert@ncmail.net	Child and Family Services Section Mail Service Center 3015 Raleigh, NC 27699-3015
		Volume of Service Submission: MR/MI UCR (formerly Thomas S).	Judy Bright, Developmental Disabilities Section or Bob Duke, DHHS Controller's Office	(919) 733-3295 Judy.M.Bright@ncmail.net or (919) 733-4630 Bob.Duke@ncmail.net	Developmental Disabilities Section Mail Service Center 3006 Raleigh, NC 27699-3006 or DHHS Controller's Office Mail Service Center 2019 Raleigh, NC 27699-2019
		UCR special categorical Adult and Youth Homeless (when applicable)	Bonnie Morell, Adult Mental Health Section	(919)571-4980 Bonnie.Morell@ncmail.net	Adult Mental Health Section Mail Service Center 3014 Raleigh, NC 27699-3014
	1	Implement corrective actions and management improvements as required	Contact person for Section/Branch issuing the corrective action		
	2	Achieve and maintain accreditation by the Council on Accreditation (COA)	Michael Byrne, Advocacy, Client Rights, and Quality Improvement Section	919/420-7927 Michael.Byrne@ncmail.net	Advocacy, Client Rights, and Quality Improvement Section Mail Service Center 3009 Raleigh, NC 27699-3009

Continued on next page

2001-2002 Performance Agreement Contact List

The table below shows the Division Section or Branch staff member to contact for information regarding the listed Section IV performance requirements and/or reports on those requirements.

Category	#	Section IV Requirement (abbreviated)	Section/Branch Contact Person	Phone/Email	Address
B. Accountability	3	Submit timely and complete client data reports:			
		Client Data Warehouse (CDW)	Deborah Merrill, Data Operations Branch	(919)733-4460 Deborah.Merrill@ncmail.net	Data Operations Branch Mail Service Center 3019 Raleigh, NC 27699-3011
		Client Outcomes Instrument (COI)	Deborah Merrill, Data Operations Branch	(919)733-4460 Deborah.Merrill@ncmail.net	Data Operations Branch Mail Service Center 3019 Raleigh, NC 27699-3011
		At-Risk Children Assessment and Outcome Instrument (AOI)	Julie Hayes Seibert, Child and Family Services Section	(919)571-4900 Julie.Seibert@ncmail.net	Child and Family Services Section Mail Service Center 3015 Raleigh, NC 27699-3015
		MR/MI Person Centered Plans	Judy Bright, Developmental Disabilities Section	(919)733-3295 Judy.M.Bright@ncmail.net	Developmental Disabilities Section Mail Service Center 3006 Raleigh, NC 27699-3006
		NC Treatment Outcomes and Program Performance System (NCTOPPS) Assessment	Spencer Clark, Substance Abuse Services Section	(919)733-4671 Spencer.Clark@ncmail.net	Substance Abuse Services Section Mail Service Center 3007 Raleigh, NC 27699-3007
		Participate in the Developmental Disabilities Core Indicator Project	Judy Bright, Developmental Disabilities Section	(919)733-3295 Judy.M.Bright@ncmail.net	Developmental Disabilities Section Mail Service Center 3006 Raleigh, NC 27699-3006
		Local Community Collaboratives will submit At Risk Children waiting list data	Julie Hayes Seibert, Child and Family Services Section	(919)571-4900 Julie.Seibert@ncmail.net	Child and Family Services Section Mail Service Center 3015 Raleigh, NC 27699-3015
		Maintain current, accurate computerized database reflecting content specified by the DD Section	Judy Bright, Developmental Disabilities Section	(919)733-3295 Judy.M.Bright@ncmail.net	Developmental Disabilities Section Mail Service Center 3006 Raleigh, NC 27699-3006
		Complete the NC SNAPP	Judy Bright, Developmental Disabilities Section	(919)733-3295 Judy.M.Bright@ncmail.net	Developmental Disabilities Section Mail Service Center 3006 Raleigh, NC 27699-3006
C. Client Rights and Relations	1	Administer the Division Client Satisfaction Survey to Mental Health and Substance Abuse clients	Deborah Merrill, Data Operations Branch	(919)733-4460 Deborah.Merrill@ncmail.net	Data Operations Branch Mail Service Center 3019 Raleigh, NC 27699-3011
D. Access to Services	1	Provide access to services for eligible children in DSS custody	Julie Hayes Seibert, Child and Family Services Section	(919)571-4900 Julie.Seibert@ncmail.net	Child and Family Services Section Mail Service Center 3015 Raleigh, NC 27699-3015
E. Service Delivery	1	Schedule and see individuals within 5 working days of discharge			
		Adult Mental Health	Bonnie Morell, Adult Mental Health Section	(919)571-4980 Bonnie.Morell@ncmail.net	Adult Mental Health Section Mail Service Center 3014 Raleigh, NC 27699-3014
		Substance Abuse Services	Doug Baker, Substance Abuse Services Section	(919)733-4671 Doug.Baker@ncmail.net	Substance Abuse Services Section Mail Service Center 3007 Raleigh, NC 27699-3007

Reports on the
Area Program/County Performance Requirements
of the
2001-2002 Performance Agreements

2001-2002 Performance Agreement
First Quarter Report
July 1, 2001 - September 30, 2001

Fiscal Management 1

Performance Requirement: Maintain responsible accounting, reimbursement and financial management practices so as to provide continuous unrestricted fund balance of at least one month's operational costs and to assure consistent availability of services to clients within overall funding levels. For single counties that do not provide fund balances, county managers should provide sufficient financial backing for the program to assure consistent availability of services to clients within overall funding levels.

<p>This requirement will be measured, monitored and reported on through the pertinent performance requirements under Fiscal Management 2</p>

FM1-MaintainResponsiblePractices

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July 1, 2001 - September 30, 2001

Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: **Quarterly Fiscal Monitoring Reports**

Explanation: This report lists Area Program status regarding submission of required quarterly fiscal monitoring reports through the first quarter FY 2001-2002

Area Program/County	1st Qtr FY 01-02 Report Received	2nd Qtr FY 01-02 Report Received	3rd Qtr FY 01-02 Report Received	4th Qtr FY 01-02 Cash-Basis Report Received	4th Qtr FY 01-02 Accrual- Basis Report Received	Comments
Alamance-Caswell						
Albemarle						
Blue Ridge						
Catawba						
CenterPoint						
Crossroads						
Cumberland						
Davidson						
Duplin-Sampson						
Durham						
Edgecombe-Nash						
Foothills						
Guilford						
Johnston						
Lee-Harnett						
Lenoir						
Mecklenburg						
Neuse						
New River						
Onslow						
Orange-Person-Chatham						
Pathways						
Piedmont						
Pitt						
Randolph						
RiverStone						
Roanoke-Chowan						
Rockingham						
Rutherford-Polk						
Sandhills						
Smoky Mountain						
Southeastern Center						
Southeastern Regional						
Tideland						
Trend						
Tri-alliance						
Vance-Granville-Franklin-Warren						
Wake						
Wayne						
Wilson-Greene						

1st Quarter Financial Monitoring
Reports not due until after
September 30, 2001

FM2-QFiscalMonitoring ReportsQ1

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Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: **Revenue Adjustment Reports**

The Division has currently granted Area Programs a three month waiver of Volume of Service Reporting to allow them time to make programming adjustments to meet revised reporting requirements

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Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Substance Abuse/Juvenile Justice Initiative Quarterly Reports

Area Program/ County	SA/Juvenile Justice Program	Criterion 1				Criterion 2				Criterion 3			
		Receipt of Report from Area Program (Date Received)				Timeliness of Receipt of Report (Yes/No)				Completeness of Report (Yes/No)			
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
# and % of Area Programs Meeting Criterion	Meeting Criterion Reflected by Date or 'Y'	36 100 %				30 83 %				36 100 %			
# and % of Area Programs Not Meeting Criterion	Not Meeting Criterion Reflected by 'None' or 'N'	0 0 %				6 17 %				0 0 %			
Alamance-Caswell	MAJORS	10/23				N				Y			
Albemarle	Multi-Purpose GH	10/19				Y				Y			
Blue Ridge	Juvenile Detention	10/17				Y				Y			
	Training School	10/17				Y				Y			
	BRIDGE Program	10/17				Y				Y			
CenterPoint	Juvenile Detention	10/19				Y				Y			
	MAJORS	10/19				Y				Y			
Cumberland	Juvenile Detention	10/19				Y				Y			
	MAJORS	10/19				Y				Y			
Durham	Juvenile Detention	10/26				N				Y			
	MAJORS	10/01				Y				Y			
Guilford	Juvenile Detention	10/24				N				Y			
	MAJORS	10/18				Y				Y			
Lenoir	Training School	10/18				Y				Y			
Mecklenburg	Juvenile Detention	10/15				Y				Y			
Neuse	Multi-Purpose GH	10/18				Y				Y			
	MAJORS	10/18				Y				Y			
New River	Juvenile Detention	10/29				N				Y			
Pathways	Juvenile Detention	10/16				Y				Y			
Piedmont	Training School	10/17				Y				Y			
	MAJORS	10/20				Y				Y			
Pitt	Juvenile Detention	10/18				Y				Y			
	MAJORS	10/18				Y				Y			
Roanoke-Chowan	Multi-Purpose GH	10/26				N				Y			
Rockingham	MAJORS	10/15				Y				Y			
Sandhills	Juvenile Detention	10/16				Y				Y			
	Training School	10/16				Y				Y			
	MAJORS	10/16				Y				Y			
Smoky Mountain	Multi-Purpose GH	10/19				Y				Y			
SE Center	Juvenile Detention	10/18				Y				Y			
SE Regional	Multi-Purpose GH	10/24				N				Y			
Tideland	MAJORS	10/18				Y				Y			
V-G-F-W	Training School	10/18				Y				Y			
Wake	Juvenile Detention	10/10				Y				Y			
	MAJORS	10/15				Y				Y			
Wayne	Multi-Purpose GH	10/19				Y				Y			

*Report revisions are designated in bold and based on data received after the last Performance Agreement Quarterly Report.

I. Performance Agreement Requirement under Fiscal Management 2

The Substance Abuse/Juvenile Justice Initiative Quarterly Report is to be completed by designated area programs and contract agencies and submitted to the Substance Abuse Services Section to the attention of Terrie Qadura, SA/JJ Initiative Quarterly Report Coordinator, at 3007 Mail Service Center, Raleigh, NC 27699-3007 or to Suite 1168, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC. Questions about Report completion may be directed to Terrie Qadura or Spencer Clark at (919) 733-0696.

II. Description of SAS Review Summary of Area Program Compliance with Division SFY 01-02 Performance Agreement: Substance Abuse/Juvenile Justice Initiative Quarterly Report

The SAS Review Summary for the Substance Abuse/Juvenile Justice Initiative Quarterly Report has been developed to provide information about area program and contract agency compliance with designated criteria that have been selected for these programs for SFY 01-02. Evaluation of compliance on individual criterion has been determined through comparison of the program's documentation on the Quarterly Reports for the report period for each of the following:

Criterion 1: Receipt of Report from Area Program

Receipt of Report from Area Program will be determined on the basis of whether a report has been received by the SAS Section State Office prior to the date of the SAS Review Summary completion and submission to the Division's Program Evaluation Branch.

Criterion 2: Timeliness of Receipt of Report

Timeliness of report receipt will be determined on the basis of whether submission to Terrie Qadura in the SAS State Office has been as follows:

- Receipt by US Mail, commercial carrier, or courier not later than by 5:00 pm on the due date; or
- Receipt by E-Mail to **Terrie.Qadura@ncmail.net** not later than by 5:00 pm on the due date; or
- Receipt by fax to **Terrie.Qadura** at (919) 733-9455 not later than by 5:00 on the due date, with verbal confirmation by the program with **Terrie.Qadura** at (919) 733-0696 of actual report receipt.

Note: If an area program report Due Date falls on a Saturday, Sunday, or Holiday, the report will be considered timely by the Substance Abuse Services Section if received by 5:00 pm on the immediately following business day.

Criterion 3: Completeness of Report

Completeness of report submission will be determined on the basis of submission to the SAS State Office with full data for all applicable report sections.

FM2-SA JJI,Q1

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Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: **TANF/Work First Initiative Quarterly Reports**

Area Program/County	Criterion 1:	Criterion 2:	Criterion 3:	Action:
	% Compliance with Receipt of Report(s) with Data for Each County or Area Program	% Compliance with Timeliness of Receipt of Report(s)	% Compliance with Completeness of Report(s)	Corrective Action Required of Area Program 30 Days From Receipt of Report
# of Area Programs Fully Meeting Each Criterion (100% Score)	34 or 87%	34 or 87%	27 or 69%	
# of Area Programs Not Fully Meeting Each Criterion (< 100% Score)	5 or 13%	5 or 13%	12 or 31%	
Alamance-Caswell	0%	0%	0%	Required for Criteria 1
Albemarle	100%	100%	100%	
Blue Ridge	100%	100%	100%	
Catawba	100%	100%	100%	
CenterPoint	100%	100%	100%	
Crossroads	100%	100%	100%	
Cumberland	100%	100%	100%	
Davidson	100%	100%	100%	
Duplin-Sampson	100%	100%	100%	
Durham	100%	100%	100%	
Edgecombe-Nash	100%	100%	100%	
Foothills	50%	50%	50%	Required for Criteria 1
Guilford	100%	100%	100%	
Johnston	100%	100%	0%	Required for Criteria 3
Lee-Harnett	0%	0%	0%	Required for Criteria 1
Lenoir	100%	100%	0%	Required for Criteria 3
Mecklenburg	100%	100%	100%	
Neuse	100%	100%	100%	
New River	0%	0%	0%	Required for Criteria 1
Onslow	100%	100%	100%	
Orange-Person-Chatham	100%	100%	100%	
Pathways	100%	100%	100%	
Piedmont	100%	100%	0%	Required for Criteria 3
Pitt	100%	100%	0%	Required for Criteria 3
Randolph	100%	100%	100%	
RiverStone	100%	100%	100%	
Roanoke-Chowan	100%	100%	100%	
Rockingham	100%	100%	100%	
Rutherford-Polk	50%	0%	0%	Required for Criteria 1
Sandhills	100%	100%	80%	
Smoky Mountain	100%	100%	100%	
Southeastern Center	100%	100%	100%	
Southeastern Regional	100%	100%	100%	
Tideland	100%	100%	100%	
Trend	100%	100%	0%	Required for Criteria 3
Vance-Granville-Franklin-Warren	100%	100%	100%	
Wake	100%	100%	0%	Required for Criteria 3
Wayne	100%	100%	100%	
Wilson-Greene	100%	100%	100%	

I. Performance Agreement Requirement under Fiscal Management 2

The Work First/Substance Abuse Quarterly Report is to be completed by the area program Qualified Substance Abuse Professional (QSAP) or designee for each county served by an area program according to written instructions provided with the report form. Quarterly Reports are to be submitted to the SAS Section to the attention of Kathy J. McNeill, Social Research Associate, at 3007 Mail Service Center, Raleigh, NC 27699-3007 or to Suite 1168, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC, 27603 (for Federal Express/overnight purposes only). Questions may be directed to Kathy McNeill or Helen Wolstenholme at (919) 733-4671.

II. SFY 99-00 Report Due Dates for Work First/Substance Abuse Quarterly Reports

Quarter 1: Report Period: July 1, 2001 - September 30, 2001	Due Date: October 20, 2001
Quarter 2: Report Period: October 1, 2001 - December 31, 2001	Due Date: January 20, 2002
Quarter 3: Report Period: January 1, 2002 - March 31, 2002	Due Date: April 20, 2002
Quarter 4: Report Period: April 1, 2002 - June 30, 2002	Due Date: July 20, 2002

III. Description of SAS Review Summary of Area Program Compliance with Division SFY 01-02 Performance Agreement: Work First/Substance Abuse Quarterly Report

The SAS Review Summary of Area Program Compliance for the Work First/Substance Abuse Quarterly Report has been developed to provide feedback to area programs about their compliance with the Work First/Substance Abuse Initiative. Evaluation of compliance on individual criteria has been determined through comparison of the area program's documentation on the Quarterly Report(s) for the report period with each of these criteria.

Criterion 1: Receipt of Report by State Office

Receipt of Report(s) with Data for Each County of Area Program will be determined on the basis of whether a report for each county has been submitted to the SAS Section State Office by the SAS Report Date. **Fully Meeting** criteria is reflected in a score of 100%. **Not Fully Meeting** criterion is reflected in a score of less than 100%.

Receipt of Report(s) with Data for Each County of Area Program will be determined on the basis of whether a report for each county has been submitted to the SAS Section State Office by the SAS Report Date. Fully meeting criterion is reflected in a score of 100%. Not fully meeting criterion is reflected in a score of less than 100%.

Timeliness of report receipt will be determined on the basis of whether submission to Kathy McNeill in the SAS State Office has been as follows:

- ◆ Receipt by US Mail, commercial carrier, or courier not later than by 5:00 PM on due date
- ◆ Receipt by e-mail to Kathy.McNeill@ncmail.net not later than by 5:00 PM on due date; or
- ◆ Receipt by fax to [Kathy McNeill at \(919\) 733-9455](tel:9197339455) by 5:00 PM on due date, with verbal confirmation by the program with Kathy McNeill at (919) 733-4671 of actual report receipt

Fully Meeting criterion is reflected in a score of 100%. **Not Fully Meeting** criterion is reflected in a score of less than 100%.

*****Note:** If an area program report Due Date falls on a Saturday, Sunday, or holiday, the report will be considered timely by the Substance Abuse Services Section if received by 5:00 PM on the immediate following business day.

Criterion 3: Completeness of Report Submission

Completeness of report submission will be determined on the basis of submission to the SAS State Office as follows:

- ◆ Provision of information is identifiable for full area program or by county served -- reports will be identifiable by individual County-Based Service Unit; and
- ◆ Provision of information is identifiable by calendar month; and
- ◆ Provision of full data and complete service activity is included. **Fully Meeting** criterion is reflected in a score of 100%.

Not Fully Meeting criterion is reflected in a score of less than 100%

Corrective Action Required of Area Program

Any area program not meeting Criterion 1 or 3 through lack of submission of the required Quarterly Report(s) will be required as a Corrective Action to submit the required 1st Quarter Report for all counties to the Substance Abuse Services Section by December 29, 2001. Corrective Action(s) are to be directed to the attention of Kathy J. McNeill, Social Research Associate, at 3007 Mail Service Center, Raleigh, NC 27699-3007 or to Suite 1168, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC, 27603 (for Federal Express/overnight purposes only). Any questions about Corrective Action(s) required may be directed to Helen Wolstenholme at (919) 733-4671.

IV. Note Regarding Circumstances for Approval of Report Due Date Extension

It is the expectation in the Division Performance Agreement that area programs will routinely submit timely and complete reports to the Substance Abuse Services Section that provide evidence of compliance with program requirements. In the event of unforeseen difficulties in meeting timely completion and/or submission of reports due to extraordinary circumstances such as a declared emergency or natural disaster, programs may be considered for an extension through receipt of a written request by Helen Wolstenholme no later than 7 days prior to the original report due date with explanation of circumstances. Written approval of a due date extension may be granted by Helen Wolstenholme after consultation with State office staff.

2001-2002 Performance Agreement
First Quarter Report
July 1, 2001 - September 30, 2001

Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Volume of service reports for regular UCR

The Division has currently granted Area Programs a three month waiver of Volume of Service Reporting to allow them time to make programming adjustments to meet revised reporting requirements

2001-2002 Performance Agreement
First Quarter Report
July 1, 2001 - September 30, 2001

Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Volume of service reports for At Risk Children UCR

Explanation: All volume of service submissions for the Comprehensive Treatment Services Program UCR System for units of service earned during the previous month should be entered electronically into the WMIS system by the cut-off date (the Friday following the first Tuesday of the month) for payment to be received that month. If programs earned all of their budgets and earnings were distributed evenly across the fiscal year, the percent of the budget earned to date would be approximately 25 percent.

This requirement has been suspended for the first quarter due to changes being made within the Comprehensive Treatment Services Program

2001-2002 Performance Agreement
First Quarter Report
July 1, 2001- September 30, 2001

Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Volume of service reports for UCR MR/MI

Explanation: There is one part of the fiscal reporting measure for MR/MI Services: UCR receipts which is the amount of distinct months that the area program reported between July 2001 and June 2002. NOTE: MR/MI revenue adjustment is not factored into the Fiscal Compliance monitoring equation due to Controller's Office cost modeling that established net rates and does not require RA for services provided in SFY 02.

Area Program/County	Revenue Adjustment Months	UCR Bill Months	Total UCR Compliance	% Compliance
Alamance-Caswell	N/A	3	100.00%	100.00%
Albemarle	N/A	3	100.00%	100.00%
Blue Ridge	N/A	0	0.00%	0.00%
Catawba	N/A	3	100.00%	100.00%
CenterPoint	N/A	3	100.00%	100.00%
Crossroads	N/A	3	100.00%	100.00%
Cumberland	N/A	3	100.00%	100.00%
Davidson	N/A	3	100.00%	100.00%
Duplin-Sampson	N/A	3	100.00%	100.00%
Durham	N/A	3	100.00%	100.00%
Edgecombe-Nash	N/A	2	66.67%	66.67%
Foothills	N/A	3	100.00%	100.00%
Guilford	N/A	3	100.00%	100.00%
Johnston	N/A	0	0.00%	0.00%
Lee-Harnett	N/A	3	100.00%	100.00%
Lenoir	N/A	3	100.00%	100.00%
Mecklenburg	N/A	3	100.00%	100.00%
Neuse	N/A	3	100.00%	100.00%
New River	N/A	2	66.67%	66.67%
Onslow	N/A	3	100.00%	100.00%
O-P-C	N/A	3	100.00%	100.00%
Pathways	N/A	0	0.00%	0.00%
Piedmont	N/A	0	0.00%	0.00%
Pitt	N/A	3	100.00%	100.00%
Randolph	N/A	3	100.00%	100.00%
RiverStone	N/A	3	100.00%	100.00%
Roanoke-Chowan	N/A	2	66.67%	66.67%
Rockingham	N/A	3	100.00%	100.00%
Rutherford-Polk	N/A	3	100.00%	100.00%
Sandhills	N/A	3	100.00%	100.00%
Smoky Mountain	N/A	3	100.00%	100.00%
SE Center	N/A	1	33.33%	33.33%
SE Regional	N/A	3	100.00%	100.00%
Tideland	N/A	3	100.00%	100.00%
Trend	N/A	2	66.67%	66.67%
Tri-Alliance	N/A	3	100.00%	100.00%
V-G-F-W	N/A	0	0.00%	0.00%
Wake	N/A	1	33.33%	33.33%
Wayne	N/A	2	66.67%	66.67%
Wilson-Greene	N/A	2	66.67%	66.67%
Totals	N/A	95	79.17%	79.17%
State Average			79.17%	79.17%

2001-2002 Performance Agreement
First Quarter Report
July 1, 2001 - September 30, 2001

Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or the DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: **Volume of service reports for UCR special categorical Adult and Youth Homeless**

Area Program/County PATH Site	1st quarter	2nd quarter	3rd quarter	4th quarter
Blue Ridge (adult)				
CenterPoint (adult)				
Cumberland (adult)				
Cumberland (youth)				
Durham (adult)				
Mecklenburg (adult)				
Southeastern Center (adult)				
Wake (adult)				
Wake (youth)				

Information about submission of volume of service reports by area programs/counties for the first quarter is not yet available to the Division.

Volume of service reports have not yet been processed by Controller's office because system is being updated.

2001-2002 Performance Agreement
First Quarter Report
July 1, 2001 - September 30, 2001

Accountability 1

Performance Requirement: Implement reasonable or agreed upon corrective actions and management improvements as required by the Secretary, the Division, or as committed to by the Area Program/County from audits, program reviews or quality improvement processes

Area Program/County	Corrective Actions as of end of 1st quarter SFY 01-02*
Alamance-Caswell	Yes
Albemarle	Yes
Blue Ridge	Yes
Catawba	Yes
CenterPoint	Yes
Crossroads	Yes
Cumberland	Yes
Davidson	Yes
Duplin-Sampson	Yes
Durham	Yes
Edgecombe-Nash	Yes
Foothills	Yes
Guilford	Yes
Johnston	Yes
Lee-Harnett	Yes
Lenoir	Yes
Mecklenburg	Yes
Neuse	Yes
New River	Yes
Onslow	Yes
Orange-Person-Chatham	Yes
Pathways	Yes
Piedmont	Yes
Pitt	Yes
Randolph	Yes
RiverStone	Yes
Roanoke-Chowan	Yes
Rockingham	Yes
Rutherford-Polk	Yes
Sandhills	Yes
Smoky Mountain	Yes
Southeastern Center	No
Southeastern Regional	Yes
Tideland	Yes
Trend	Yes
V-G-F-W	Yes
Wake	Yes
Wayne	Yes
Wilson-Greene	Yes

*Particulars are provided, by Area Program/County, on the following pages

Accountability1

Accountability 1

Alamance-Caswell - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement 10/15/01	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1	Data Operations Branch	12/10/01				No data submission for Quarter 1 FY 2002
1/20/01	Required Corrective Action for Criteria 1 is to submit the missing second quarter WF/SA Initiative Quarterly Reporting Forms within 30 days of receipt of this report	Substance Abuse Services	3/20/01			2/8/01	Received 2/8/01 Area Program in compliance
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 5. To assure that administrators, supervising staff and supporting staff providing supports/services for individuals receiving funding through UCR-TS via a contract with an Area Authority meet competencies. Require corrective action plan for significant deficiencies with specified timeframes for completion of improvements. (85% or higher)	Developmental Disabilities	Plan of Correction due 8/15/01. Documentation of compliance due 9/30/01	09/30/01		9/30/01 100%	
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules.	Developmental Disabilities	Plan of Correction due 7/15/01, Received 7/13/01	07/13/01		7/13/01 100%	

Accountability 1

Alamance-Caswell - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
July, August, September, 2001	Required Corrective Action for Criteria 1 is to submit the missing First Quarter WF/SA Initiative Quarterly Reporting Forms for Alamance and Caswell counties within 30 days of receipt of this report.	Substance Abuse Services	12/29/01				

Accountability 1

Albemarle - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules	Development al Disabilities	Plan of Correction due 7/15/01, Received 7/11/01	7/11/01		7/11/01	

Accountability 1

Blue Ridge - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 5. To assure that administrators, supervising staff and supporting staff providing supports/services for individuals receiving funding through UCR-TS via a contract with an Area Authority meet competencies. Require corrective action plan for significant deficiencies with specified timeframes for completion of improvements. (85% - 100%)	Development al Disabilities	Plan of Correction due 8/15/01. Documentati on of compliance due 9/30/01.			No Plan of Correction necessary. Originally scored 88%- incorrectly reported	
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules.	Development al Disabilities	Plan of Correction due 7/15/01, Received 7/12/01.	07/12/01		7/12/01 98.8%	
01-02 Performance Agreement/ 10/15/01	Accountability 3: Incomplete data submitted to the Client Data Warehouse Quarter 1	Data Operations Branch	12/10/01				No data submission for September 2001

Accountability 1

Catawba - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules	Developmental Disabilities	Plan of Correction due 7/15/01, Received 7/16/01	7/16/01		7/16/01 100%	

Accountability 1

CenterPoint - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
Medicaid Audit/ 2/2/99	Retention of residential records.	Program Assurance Branch			3/7/00	03/01/01	<i>This corrects an erroneous entry in the 4th Quarter 2000-2001 report. No corrective action is required.</i>
01-02 Performance Agreement (Items Monitored under Section III-C)	Performance Agreement-Attachment 1-Child and Family Services 5: Establish Local Community Collaboratives. The Area Program shall submit a Child Mental Health Community Needs Assessment.	Child and Family Services	12/01/01				
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 5. To assure that administrators, supervising staff and supporting staff providing supports/services for individuals receiving funding through UCR-TS via a contract with an Area Authority meet competencies. Require corrective action plan for significant deficiencies with specified timeframes for completion of improvements	Developmental Disabilities	Plan of Correction due 8/15/01. Documentation of compliance due 9/30/01.	09/30/01		9/30/01 100%	

Accountability 1

Crossroads - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
99-00 Performance Agreement/ 5/12/00	Accountability 4: No submission of data to the Client data Warehouse (CDW).	Data Operations Branch	5/28/00	6/27/00	* Ongoing		An extension was granted by the Division, giving all Area Programs until October 2, 2000 to submit corrected and complete CDW data. * Area Program did not meet the 10/2/00 deadline.
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 5. To assure that administrators, supervising staff and supporting staff providing supports/services for individuals receiving funding through UCR-TS via a contract with an Area Authority meet competencies. Require corrective action plan for significant deficiencies with specified timeframes for completion of improvements. (85% or higher)	Developmental Disabilities	Plan of Correction due 8/15/01. Documentati on of compliance due 9/30/01.	9/30/01		9/30/01 100%	

Accountability 1

Cumberland - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
99-00 Performance Agreement / 7/1/00	Performance requirement - Access 1: Submission of data on timeliness of after-hours face-to-face crisis response. Data must be submitted for at least one full month. The need to submit additional data will be determined following an examination of these data.	Advocacy, Client Rights, and Quality Improvement	12/15/00	9/30/01	12/15/2000, 3/15/2001, 6/12/2001, 9/30/2001	9/30/01	The Cumberland Area program has taken all of the actions in its authority to address this issue, and it is determined to have sufficiently addressed the need to track timeliness of after-hours crisis response. The Cumberland Area Program has therefore complied with this corrective action requirement.
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 5. To assure that administrators, supervising staff and supporting staff providing supports/services for individuals receiving funding through UCR-TS via a contract with an Area Authority meet competencies. Require corrective action plan for significant deficiencies with specified timeframes for completion of improvements. *85% or higher)	Developmental Disabilities	Plan of Correction due 8/15/01. Documentation of compliance due 9/30/01.	09/30/01		9/30/01 94%	
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules.	Developmental Disabilities	Plan of Correction due 7/15/01, Received 7/13/01.	07/13/01		7/13/01 100%	
01-02 Performance Agreement (Items Monitored under Section III-C)	Performance Agreement-Attachment1-Child and Family Services 5: Establish local Community Collaboratives. The Area Program shall submit a Child Mental Health Community Needs Assessment.	Child and Family Services	12/01/01				
01-02 Performance Agreement	Performance Agreement-Attachment 2-Accountability 3: Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis.	Child and Family Services	12/01/01				

Accountability 1

Cumberland - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
99-00 Performance Agreement / 7/1/00	Performance requirement - Service Delivery 3: Submission of five good quality crisis plans on high-risk consumers for each crisis case manager position funded. At least one crisis plan must be for a consumer with co-occurring mental illness and substance abuse problems.	Advocacy, Client Rights, and Quality Improvement	1/15/01	6/14/01	01/15/2001, 03/01/2001, 06/14/2001	6/14/01	The Cumberland Area Program has submitted a total of five good quality crisis plans, and is now considered to have fully complied with this corrective action requirement.

Accountability 1

Davidson - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 5. To assure that administrators, supervising staff and supporting staff providing supports/services for individuals receiving funding through UCR-TS via a contract with an Area Authority meet competencies. Require corrective action plan for significant deficiencies with specified timeframes for completion of improvements. (85% or higher)	Developmental Disabilities	Plan of Correction due 8/15/01. Document- ation of compliance due 9/30/01.	08/14/01		8/14/01 100%	
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules	Developmental Disabilities	Plan of Correction due 7/15/01, Received 7/3/01	07/03/01		7/3/01 100%	

Accountability 1

Duplin-Sampson - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules	Developmental Disabilities	Plan of Correction due 7/15/01, Received 7/6/01	07/06/01		7/6/01 100%	
01-02 Performance Agreement/ 10/15/01	Accountability 3: Incomplete data submitted to the Client Data Warehouse Quarter 1	Data Operations Branch	12/10/01				No data submission for September 2001

Accountability 1

Durham - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 5. To assure that administrators, supervising staff and supporting staff providing supports/services for individuals receiving funding through UCR-TS via a contract with an Area Authority meet competencies. Require corrective action plan for significant deficiencies with specified timeframes for completion of improvements.	Developmental Disabilities	Plan of Correction due 8/15/01. Documentation of compliance due 9/30/01.	09/30/01		9/30/01 100%	
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules	Developmental Disabilities	Plan of Correction due 7/15/01, Received 7/16/01	07/16/01		7/16/01 97.5%	
01-02 Performance Agreement (Items Monitored under Section III- C)	Performance Agreement-Attachment1-Child and Family Services 5: Establish local Community Collaboratives. The Area Program shall submit a Child Mental Health Community Needs Assessment.	Child and Family Services	12/01/01				
01-02 Performance Agreement	Performance Agreement-Attachment 2- Accountability 3: Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis.	Child and Family Services	12/01/01				
01-02 Performance Agreement/ 10/15/01	Accountability 3: Incomplete data submitted to the Client Data Warehouse Quarter 1	Data Operations Branch	12/10/01				No data submission for August, September 2001

Accountability 1

Edgecombe-Nash - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules	Development- al Disabilities	Plan of Correction due 7/15/01, Received 7/10/01	7/10/01		7/10/01 100%	

Accountability 1

Foothills - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
TANF Work First Initiative/ 4/20/00	The following counties were non-compliant with Criteria 1-Receipt of Report by State Office: Burke and McDowell. The required Corrective Action for Criteria 1 is to submit the missing First, Second and Third Quarter 99-00 WF/SA Initiative Quarterly Reports.	Substance Abuse	30 days from receipt of End of FY99-00 report	N/A			Reports for Burke and McDowell County have not been received. Area Program non-compliant.
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 5. To assure that administrators, supervising staff and supporting staff providing supports/services for individuals receiving funding through UCR-TS via a contract with an Area Authority meet competencies. Require corrective action plan for significant deficiencies with specified timeframes for completion of improvements.	Developmental Disabilities	Plan of Correction due 8/15/01. Documentation of compliance due 9/30/01	08/13/01		8/13/01 100%	
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules	Developmental Disabilities	Plan of Correction due 7/15/01, Received 7/13/01	07/13/01		7/13/01 96.2%	
7/20/01	Required Corrective Action for Criteria 1 is to submit the missing First, Second, Third, and Fourth Quarter 00-01 WF/SA Initiative Quarterly Reporting Forms for Burke and McDowell Counties within 30 days of receipt of this report.	Substance Abuse Services	9/29/01				Reports for Burke and McDowell County have not been received. Area Program non-compliant.
July, August, September, 2001	Required Corrective Action for Criteria 1 is to submit the missing First Quarter 01-02 WF/SA Initiative Quarterly Reporting Forms for Burke and McDowell counties within 30 days of receipt of this report.	Substance Abuse Services	12/29/01				
01-02 Performance Agreement/ 10/15/01	Accountability 3: Incomplete data submitted to the Client Data Warehouse Quarter 1	Data Operations Branch	12/10/01				No data submission for September, 2001

Accountability 1

Guilford - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules	Development al Disabilities	Plan of Correction due 7/15/01, Received 7/13/01	07/13/01		7/13/01 100%	
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 5. To assure that administrators, supervising staff and supporting staff providing supports/services for individuals receiving funding through UCR-TS via a contract with an Area Authority meet competencies. Require corrective action plan for significant deficiencies with specified timeframes for completion of improvements.	Development al Disabilities	Plan of Correction due 8/15/01. Documentati on of compliance due 9/30/01	09/30/01		9/30/01 100%	
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 4. By Statute, Death Reports are required to be submitted, complete, within a 90 day timeframe. Require corrective action plan for areas needing corrections with specified timeframes for completion of improvements.	Development al Disabilities	8/15/01	09/30/01	Upon receipt of next Death Report		Two death reports due First Quarter of FY 2001-2002 are late. Continued follow-up will continue.

Accountability 1

Johnston - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules	Developmental Disabilities	Plan of Correction due 7/15/01, Received 7/13/01	07/13/01		7/13/01 98.7%	
July, August, September, 2001	Required Corrective Action for Criteria 3 is to submit Section XVIII, Toxicology Plan and Protocol, for the First Quarter WF/SA Initiative Quarterly Reporting Form for Johnston County within 30 days of receipt of this report.	Substance Abuse Services	12/29/01				

Accountability 1

Lee-Harnett - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 5. To assure that administrators, supervising staff and supporting staff providing supports/services for individuals receiving funding through UCR-TS via a contract with an Area Authority meet competencies. Require corrective action plan for significant deficiencies with specified timeframes for completion of improvements. (85% or higher)	Development al Disabilities	Plan of Correction due 8/15/01. Documentati on of compliance due 9/30/01	09/30/01		9/30/01 100%	
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules	Development al Disabilities	Plan of Correction due 7/15/01, Received 7/13/01	07/13/01		7/13/01 100%	
July, August, September, 2001	Required Corrective Action for Criteria 1 is to submit the missing First Quarter WF/SA Initiative Quarterly Reporting Forms for Harnett and Lee Counties within 30 days of receipt of this report.	Substance Abuse Services	12/29/01				
01-02 Performance Agreement (Items Monitored under Section III-C)	Performance Agreement-Attachment1-Child and Family Services 5: Establish local Community Collaboratives. The Area Program shall submit a Child Mental Health Community Needs Assessment.	Child and Family Services	12/01/01				
01-02 Performance Agreement	Performance Agreement-Attachment 2- Accountability 3: Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis.	Child and Family Services	12/01/01				

Lee-Harnett - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement/ 10/15/01	Accountability 3: Incomplete data submitted to the client Data Warehouse Quarter 1	Data Operations Branch	12/10/01				No data submission for September, 2001

Accountability 1

Lenoir - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 5. To assure that administrators, supervising staff and supporting staff providing supports/services for individuals receiving funding through UCR-TS via a contract with an Area Authority meet competencies. Require corrective action plan for significant deficiencies with specified timeframes for completion of improvements. (85% or higher)	Development al Disabilities	Plan of Correction due 8/15/01. Documentation of compliance due 9/30/01	08/17/01		8/17/01 97%	
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules	Development al Disabilities	Plan of Correction due 7/15/01, Received 7/16/01	07/16/01		7/16/01 100%	
TANF Work First Initiative 7/20/2001	Required Corrective Action for Criteria 1 is to submit the missing fourth quarter SF/SA Initiative Quarterly Reporting Forms for Lenoir County within 30 days of receipt of this report.	Substance Abuse Services	9/29/01			07/27/01	Report for Lenoir County received on July 27, 2001. Area Program in compliance.
July, August, September, 2001	Required Corrective Action for Criteria 3 is to submit Section XVIII, Toxicology Plan and Protocol, for the First Quarter WF/SA Initiative Quarterly Reporting Form for Lenoir County within 30 days of receipt of this report.	Substance Abuse Services	12/29/01				
01-02 Performance Agreement/ 10/15/01	Accountability 3: Incomplete data submitted to the Client Data Warehouse Quarter 1	Data Operations Branch	12/10/01				No data submission for September, 2001

Accountability 1

Mecklenburg - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
Medicaid Audit/ 2/9/99	The Area Program scored below the 70% compliance rate required for an agency to pass the Medicaid Audit. The Division has been working with the Area Program, providing technical assistance.	Program Assurance Branch			3/7/00		The Area Program continues to have unresolved contract issues.
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules	Developmental Disabilities	Plan of Correction due 7/15/01, Received 7/16/01	07/16/01		7/16/01 100%	
01-02 Performance Agreement/ 10/15/01	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1	Data Operations Branch	12/10/01				No data submission for Quarter 1 FY 2002

Accountability 1

Neuse - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
TANF Work First Initiative 4/14/01	The following counties were non-compliant with Criteria 1 – Receipt of Report by State Office: Carteret, Craven, Jones, and Pamlico. The required Corrective Action for Criteria 1 is to submit the missing Third Quarter 99-00 WF/SA Initiative Quarterly Reporting Forms.	Substance Abuse	30 days from receipt of the End of Fiscal Year 99-00 Report	N/A		4/28/00	<i>This corrects an erroneous entry in the 4th Quarter 2000-2001 report. No corrective action is required.</i>
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules	Developmental Disabilities	Plan of Correction due 7/15/01, Received 7/13/01	07/13/01		7/13/01 100%	

Accountability 1

New River - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
TANF Work First Initiative/ 4/20/00	The following counties were non-compliant with Criteria 1-Receipt of Report by State Office: Alleghany, Ashe, Avery, Watauga, and Wilkes. The required Corrective Action for Criteria 1 is to submit the missing Third Quarter 99-00 WF/SA Initiative Quarterly Reporting Forms.	Substance Abuse	30 days from receipt of the End of FY 99-00 Report	N/A			Alleghany, Avery, Watauga, and Wilkes County's report was received on 5-11-01. Ashe County's report has not been received. Area Program non-compliant
TANF Work First Initiative/ 7/14/00	The following counties were non-compliant with Criteria 1-Receipt of Report by State Office: Alleghany, Ashe, and Watauga. The required Corrective Action for Criteria 1 is to submit the missing Fourth Quarter 99-00 WF/SA Initiative Quarterly Reporting Forms.	Substance Abuse Services	30 days from receipt of the End of FY 99-00 Report	N/A			Alleghany, Ashe, and Watauga County's report have not been received. Area Program non-compliant.
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 5. To assure that administrators, supervising staff and supporting staff providing supports/services for individuals receiving funding through UCR-TS via a contract with an Area Authority meet competencies. Require corrective action plan for significant deficiencies with specified timeframes for completion of improvements.	Develop- mental Disabilities	Plan of Correction due 8/15/01. Documentation of compliance due 9/30/01	09/27/01		9/27/01 100%	
TANF Work First Initiative 1/20/01	The following counties were non-compliant with Criteria 1: Receipt of Report by State Office: Alleghany, Ashe, Avery, Watauga and Wilkes. The required Corrective Action for Criteria 1 is to submit the missing Second Quarter WF/SA Initiative Quarterly Reporting Forms.	Substance Abuse Services	30 days from receipt of the End of FY 00-01 Report	N/A		Area Program in Compliance	All reports have been submitted for Second Quarter 00-01. Area Program in compliance for Second Quarter 00-01

Accountability 1

New River - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules	Develop- mental Disabilities	Plan of Correction due 7/15/01, Received 7/10/01	07/10/01		7/10/01 100%	
7/20/01	Required Corrective Action for Criteria 1 is to submit the missing Third and Fourth Quarter 00- 01 WF/SA Initiative Quarterly Reporting Forms for Alleghany, Ashe, Avery, Watauga and Wilkes Counties within 30 days of receipt of this report.	Substance Abuse Services	9/29/01				Reports for Third and Fourth Quarter have not been received. Area Program non-compliant
July, August, September 2001	Required Corrective Action for Criteria 1 is to submit the missing First Quarter WF/SA Initiative Quarterly Reporting Forms for Alleghany, Ashe, Avery, Watauga and Wilkes Counties within 30 days of receipt of this report.	Substance Abuse Services	12/29/01				
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 4. By Statute, Death Reports are required to be submitted, complete, within a 90 day timeframe. Require corrective action plan for areas needing corrections with specified timeframes for completion of improvements.	Develop- mental Disabilities	8/15/01	09/30/01	Upon receipt of next Death Report		

Accountability 1

Onslow - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 5. To assure that administrators, supervising staff and supporting staff providing supports/services for individuals receiving funding through UCR-TS via a contract with an Area Authority meet competencies. Require corrective action plan for significant deficiencies with specified timeframes for completion of improvements. (85% or higher)	Development al Disabilities	Plan of Correction due 8/15/01. Documentati on of compliance due 9/30/01	08/13/01			No documentation submitted by due date of 9/30/01. Will continue to follow-up.
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules	Development al Disabilities	Plan of Correction due 7/15/01, Received 7/17/01	07/17/01		7/17/01 98%	
01-02 Performance Agreement (Items Monitored under Section III-C)	Performance Agreement-Attachment1-Child and Family Services 5: Establish local Community Collaboratives. The Area Program shall submit a Child Mental Health Community Needs Assessment.	Child and Family Services	12/01/01				
01-02 Performance Agreement	Performance Agreement-Attachment 2- Accountability 3: Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis.	Child and Family Services	12/01/01				

Accountability 1

Orange-Person-Chatham - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
State Accreditation 6/10/98	As related to standards 2.5 f. and 2.8, the Area Program must develop a Plan of Correction that should address how the "timeliness" problem will be resolved and should include the mechanism that will be used to document timeliness, steps to be taken (and by whom) to address this longstanding problem, and target dates for its resolution.	Advocacy, Client Rights, and Quality Improvement Section	9/13/98	11/13/98	12/31/99, 3/22/00, 6/29/00 1/15/01, 3/8/01, 6/15/01, 9/15/01		The OPC Area Program has received reliable timeliness tracking reports of face-to-face crisis response from Person County Hospital, but the timeliness tracking system at UNC Hospital continues to be unreliable and their data incomplete. The Division will continue to monitor monthly submissions of timeliness tracking data and will follow up by 12/15/01
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules	Developmental Disabilities	Plan of Correction due 7/15/01, Received 7/13/01	07/13/01		7/13/01 98.8%	
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 5. To assure that administrators, supervising staff and supporting staff providing supports/services for individuals receiving funding through UCR-TS via a contract with an Area Authority meet competencies. Require corrective action plan for significant deficiencies with specified timeframes for completion of improvements. (85% or higher)	Developmental Disabilities	Plan of Correction due 8/15/01. Documentation of compliance due 9/30/01	9/30/01		9/30/01 90%	

Accountability 1

Pathways - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules	Developmental Disabilities	Plan of Correction due 7/15/01, Received 7/12/01	07/12/01		7/12/01 98%	
Investigation Report Dated 3/16/01 Allegation #3	Board attorney will review policy and recommend revisions as appropriate. Review policy with Area Board and staff	Program Accountability	5/15/2001	06/06/01			
	Review policy with Area Board and staff	Program Accountability	5/24/2001	06/06/01			
	Will re-educate contract providers regarding policy and conflict resolution procedures through the Provider Handbook and through meetings with Providers held at Pathways.	Program Accountability	6/01/2001	06/06/01			
Investigation Report Dated 3/16/01 Allegation #10	Develop standardized Area Program supervision documentation tool.	Program Accountability	Implement-ation 7/1/2001	06/06/01	9/4/01	9/4/01	
	Review/make recommendations to supervision policy and procedure	Program Accountability	5/2/2001	06/06/01	9/4/01	9/4/01	
	Present policy/procedure to Planning and Quality Board Committee and to full Board for approval. (Pathways will submit policy to Division upon Board approval.)	Program Accountability	6/28/2001	06/06/01	9/4/01	9/4/01	
	Automate supervision documentation tool in CMHC for monitoring and provide staff training through MIS training program.	Program Accountability	7/1/2001 (Training to begin in July, 2001)	06/06/01	9/4/01	9/4/01	
Investigation Report Dated 3/16/01 Allegation #12	Fee policy/procedure is being re-written. (Will submit revised policy to the Division upon Board approval.)	Program Accountability	To Board 6/28/2001	06/06/01			

Accountability 1

Pathways - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
	Training for staff in order to achieve consistency re: updated P&P through e-mail to all staff with new P&P with instructions and explanation. New P&P will be reviewed in staff meetings and staff training sessions will be held 6-1 at the Citizens Resource center in Dallas, NC	Program Accountability	Staff training June, 2001	06/06/01			
	Updated policy/procedure will be implemented in July, 2001	Program Accountability	Implement-ation July, 2001	06/06/01			
	Fee statement update will be in Consumer Handbook. (Pathways will forward a revised copy of handbook to the Division upon completion.)	Program Accountability	July, 2001	06/06/01			
Investigation Report Dated 3/16/01 Allegation #15	Attachment Narratives related to each individual allegation.	Program Accountability	7/01/2001	06/06/01	06/06/01	09/04/01	
Investigation Report Dated 3/16/01 Allegation #22	Review current monitoring processes to assure that treatment needs are met as outlined in treatment plan. Any repayment request is being contested. Monitoring processes in place include: Peer Review / Supervisory Review / Medicaid Audit / Focused Audit / Internal Audit	Program Accountability	6/06/2001	06/06/01			
Investigation Report Dated 3/16/01 Allegation #24	Educate and encourage clients to utilize self-advocacy to provide feedback.	Program Accountability	July, 2001	06/06/01			
Investigation Report Dated 3/16/01 Issue #1	Prior to the Division investigation, Pathways began working on the issues related to "time of service." This issue is being addressed through procedure review, service delivery re-design and systems reviews.	Program Accountability	Ongoing	06/06/01			

Accountability 1

Pathways - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
Investigation Report Dated 3/16/01 Issue #1 (continued)	The area program has requested an assessment from RG Architecture relating to ADA requirements. The building occupied by Piedmont Pioneer House is State owned and leased by Gaston County for a minimal fee annually. The report by RG Architecture will be shared with the county as to how to respond to the recommendations forthcoming. (1. Accessible van was requested on 11/28/2000. See Attachment B)	Program Accountability	Ongoing	06/06/01			
	Sign has been removed from GCC. Pathways will continue to review all public information for accuracy.	Program Accountability	Ongoing	06/06/01			
Investigation Report Dated 3/16/01 Issue #2	Beauty Shop procedure attached	Program Accountability	Completed	06/06/01		06/06/01	
Investigation Report Dated 3/16/01 Issue #3	Policy and Individual Service Plan training have been conducted through the COA process.	Program Accountability		06/06/01		5/15/2001	
	Systems reviews are in place on multiple levels to assure compliance.	Program Accountability	Ongoing	06/06/01			
	"Lost/destroyed records" have been added to policy 3.107 as a defined incident. All staff have received revised policy.	Program Accountability		06/06/01		3/29/2001	
	Related Service Records manual procedures will be reviewed at Medical Records staff meeting on 5/18/2001.	Program Accountability	5/18/2001	06/06/01		9/4/01	

Accountability 1

Pathways - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
Investigation Report Dated 3/16/01 Issue #4	Communicable Disease policy and procedure is being reviewed by Board Attorney.	Program Accountability	5/16/2001	06/06/01	9/4/01	9/4/01	
	Revised policy will be forwarded to P&Q and Area Board for approval and will then be submitted to the Division.	Program Accountability	6/28/2001	06/06/01	9/4/01	9/4/01	
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 5. To assure that administrators, supervising staff and supporting staff providing supports/services for individuals receiving funding through UCR-TS via a contract with an Area Authority meet competencies. Require corrective action plan for significant deficiencies with specified timeframes for completion of improvements. (85% or higher)	Developmental Disabilities	Plan of Correction due 8/15/01. Documentation of compliance due 9/30/01	9/30/01		9/30/01 92%	

Accountability 1

Piedmont - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 5. To assure that administrators, supervising staff and supporting staff providing supports/services for individuals receiving funding through UCR-TS via a contract with an Area Authority meet competencies. Require corrective action plan for significant deficiencies with specified timeframes for completion of improvements. (85% or higher)	Developmental Disabilities	Plan of Correction due 8/15/01. Documentation of compliance due 9/30/01	09/11/01		9/11/01 98%	
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules	Developmental Disabilities	Plan of Correction due 7/15/01, Received 7/13/01	07/13/01		7/13/01 100%	
July, August, September, 2001	Required Corrective Action for Criteria 3 is to submit Section XVIII, Toxicology Plan and Protocol, for the First Quarter WF/SA Initiative Quarterly Reporting Form for Cabarrus, Rowan, Stanly and Union Counties within 30 days of receipt of this report.	Substance Abuse Services	12/29/01				

Accountability 1

Pitt - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
99-00 Performance Agreement / 7/1/00	Performance requirement - Service Delivery 3: Submission of five good quality crisis plans on high-risk consumers for each crisis case manager position funded. At least one crisis plan must be for a consumer with co-occurring mental illness and substance abuse problems.	Advocacy, Client Rights, and Quality Improvement	1/15/01	7/18/01	01/15/2001, 3/15/2001, 6/18/2001, 7/18/2001	7/18/01	The Pitt Area Program has met this requirement to submit good quality crisis plans for consumers at high risk of crisis events.
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules	Development al Disabilities	Plan of Correction due 7/15/01, Received 7/09/01	07/09/01		7/9/01 98.7%	
July, August, September, 2001	Required Corrective Action for Criteria 3 is to submit Section XVIII, Toxicology Plan and Protocol, for the First Quarter WF/SA Initiative Quarterly Reporting Form for Pitt County within 30 days of receipt of this report.	Substance Abuse Services	12/29/01				
99-00 Performance Agreement/ 7/1/00	Performance Requirement - Access 1: Submission of data on timeliness of after-hours face-to-face crisis response. Data must be submitted for at least one full quarter.	Advocacy, Client Rights, and Quality Improvement	1/15/01	09/01/01	01/15/01	09/01/01	The Pitt Area Program has met this requirement to submit timeliness tracking data of after hours crisis response.

Accountability 1

Randolph - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules	Developmental Disabilities	Plan of Correction due 7/15/01, Received 7/12/01	07/12/01		7/12/01 100%	
01-02 Performance Agreement/ 10/15/01	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1	Data Operations Branch	12/10/01				No data submission for Quarter 1 FY 2002

Accountability 1

RiverStone - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 5. To assure that administrators, supervising staff and supporting staff providing supports/services for individuals receiving funding through UCR-TS via a contract with an Area Authority meet competencies. Require corrective action plan for significant deficiencies with specified timeframes for completion of improvements. (85% or higher)	Developmental Disabilities	Plan of Correction due 8/15/01. Document- ation of compliance due 9/30/01	08/13/01	09/30/01		No verification sample turned in to Section. Several attempts by the DD Section to follow-up. No report forwarded.
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules	Developmental Disabilities	Plan of Correction due 7/15/01, Received 7/12/01	07/12/01		07/12/01	
01-02 Performance Agreement/ 10/15/01	Accountability 3: Incomplete data submitted to the Client Data Warehouse Quarter 1	Data Operations Branch	12/10/01				No data submitted for August, September, 2001

Accountability 1

Roanoke-Chowan - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
TANF Work First Initiative/ 4/14/00	The following counties were non-compliant with Criteria 1-Receipt of Report by State Office: Bertie, Gates, Hertford and Northampton. The required Corrective Action for Criteria 1 is to submit the missing Third Quarter WF/SA Initiative Quarterly Reporting Forms.	Substance Abuse	30 days from receipt of this report	N/A			<i>This corrects an erroneous entry in the 4th Quarter 2000-2001 report. All reports were received on time. No corrective action is required.</i>
99-00 Performance Agreement/ 5/12/99	Accountability 4: No data submitted to the Client Data Warehouse.	Data Operations Branch	6/1/00	6/27/00	* Ongoing		An extension was granted by the Division, giving all Area Programs until October 2, 2000 to submit corrected and complete CDW data. * Area Program did not meet the 10/2/00 deadline.
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules	Developmental Disabilities	Plan of Correction due 7/15/01, Received 7/12/01	7/12/01		7/12/01 94.7%	

Accountability 1

Rockingham - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 5. To assure that administrators, supervising staff and supporting staff providing supports/services for individuals receiving funding through UCR-TS via a contract with an Area Authority meet competencies. Require corrective action plan for significant deficiencies with specified timeframes for completion of improvements. (85% or higher)	Developmental Disabilities	Plan of Correction due 8/15/01. Documentation of compliance due 9/30/01	09/28/01		9/28/01 100%	
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules	Developmental Disabilities	Plan of Correction due 7/15/01, Received 7/16/01	07/16/01		7/16/01 98%	
01-02 Performance Agreement (Items Monitored under Section III-C)	Performance Agreement-Attachment 1-Child and Family Services 5: Establish local Community Collaboratives. The Area Program shall submit a Child Mental Health Community Needs Assessment.	Child and Family Services	12/01/01				
01-02 Performance Agreement	Performance Agreement-Attachment 2-Accountability 3: Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis.	Child and Family Services	12/01/01				

Accountability 1

Rutherford-Polk - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
TANF Work First Initiative/ 4/20/00	The following county was non-compliant with Criteria 1 – Receipt of Report by State Office: Polk. The required Corrective Action for Criteria 1 is to submit the missing Third Quarter WF/SA Initiative Quarterly Reporting Forms.	Substance Abuse	30 days from receipt of this report	N/A			All reports have been received. Area Program is compliant.
TANF Work First Initiative/ 7/20/00	The following county was non-compliant with Criteria 1 – Receipt of Report by State Office: Polk. The required Corrective Action for Criteria 1 is to submit the missing Fourth Quarter 99-00 WF/SA Initiative Quarterly Reporting Forms.	Substance Abuse	30 days from receipt of this report	N/A			All reports have been received. Area Program is compliant.
99-00 Performance Agreement / 7/1/00	Performance requirement - Service Delivery 3: Submission of five good quality crisis plans on high-risk consumers for each crisis case manager position funded. At least one crisis plan must be for a consumer with co-occurring mental illness and substance abuse problems.	Advocacy, Client Rights, and Quality Improvement	1/15/01		01/15/2001, 3/15/2001, 6/18/2001, 9/18/2001		The Rutherford-Polk Area Program must submit at least five good quality crisis plans. Training on constructing good quality crisis plans was provided by the Division of MH/DD/SAS staff to the Rutherford-Polk Area Program during this quarter.
TANF Work First Initiative 1/20/2001	Required Corrective Action for Criteria 1 is to submit the missing Second Quarter WF/SA Initiative quarterly Reporting Forms within 30 days of receipt of this report.	Substance Abuse Services	30 days from receipt of this report	N/A			All reports have been received. Area Program is compliant.
TANF Work First Initiative 4/20/2001	The following county was non-compliant with Criteria 1 – Receipt of Report by State Office: Polk. The required Corrective Action for Criteria 1 is to submit the missing Third Quarter 00-01 WF/SA Initiative Quarterly Reporting Forms.	Substance Abuse Services	30 days from receipt of this report	N/A			All reports have been received. Area Program is compliant.

Accountability 1

Rutherford-Polk - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
TANF Work First Initiative 7/20/2001	The following county was non-compliant with Criteria 1 – Receipt of Report by State Office: Polk. The required Corrective Action for Criteria 1 is to submit the missing Fourth Quarter 00-01 WF/SA Initiative Quarterly Reporting Forms.	Substance Abuse Services	30 days from receipt of this report				Polk County's report has not been received. Area program non-compliant for Fourth Quarter 00-01
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 5. To assure that administrators, supervising staff and supporting staff providing supports/services for individuals receiving funding through UCR-TS via a contract with an Area Authority meet competencies. Require corrective action plan for significant deficiencies with specified timeframes for completion of improvements. (85% or higher)	Developmental Disabilities	Plan of Correction due 8/15/01. Documentation of compliance due 9/30/01	9/30/01		9/30/01 100%	
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules	Developmental Disabilities	Plan of Correction due 7/15/01, Received 7/16/01	7/16/01		7/16/01 93.8%	
July, August, September 2001	Required Corrective Action for Criteria 1 is to submit the missing First Quarter WF/SA Initiative quarterly Reporting Forms for Polk County within 30 days of receipt of this report.	Substance Abuse Services	12/29/01				

Accountability 1

Sandhills - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules	Development al Disabilities	Plan of Correction due 7/15/01, Received 7/12/01	07/12/01		7/12/01 100%	
01-02 Performance Agreement (Items Monitored under Section III-C)	Performance Agreement-Attachment1-Child and Family Services 5: Establish local Community Collaboratives. The Area Program shall submit a Child Mental Health Community Needs Assessment.	Child and Family Services	12/01/01				

Accountability 1

Smoky Mountain - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 5. To assure that administrators, supervising staff and supporting staff providing supports/services for individuals receiving funding through UCR-TS via a contract with an Area Authority meet competencies. Require corrective action plan for significant deficiencies with specified timeframes for completion of improvements.	Development al Disabilities	Plan of Correction due 8/15/01. Document- ation of compliance due 9/30/01	08/13/01		8/13/01 98%	
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules	Development al Disabilities	Plan of Correction due 7/15/01, Received 5/17/01	05/17/01		5/17/01 100%	

Accountability 1

Southeastern Center - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
							No Corrective Actions reported for First Quarter

Accountability 1

Southeastern Regional - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules	Developmental Disabilities	Plan of Correction due 7/15/01, Received 7/13/01	07/13/01		7/13/01 100%	
01-02 Performance Agreement/ 10/15/01	Accountability 3: Incomplete data submitted to the Client Data Warehouse Quarter 1	Data Operations Branch	12/10/01				No data submission for September, 2001

Accountability 1

Tideland - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
99-00 Performance Agreement / 7/1/00	Performance requirement - Service Delivery 3: Submission of five good quality crisis plans on high-risk consumers for each crisis case manager position funded. At least one crisis plan must be for a consumer with co-occurring mental illness and substance abuse problems.	Advocacy, Client Rights, and Quality Improvement	1/15/01		01/15/2001, 3/15/2001, 6/18/2001, 9/18/2001		The Tideland Area Program must submit at least two more good quality crisis plans.
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 5. To assure that administrators, supervising staff and supporting staff providing supports/services for individuals receiving funding through UCR-TS via a contract with an Area Authority meet competencies. Require corrective action plan for significant deficiencies with specified timeframes for completion of improvements. (85% or higher)	Development al Disabilities	Plan of Correction due 8/15/01. Documentati on of compliance due 9/30/01	09/30/01		9/30/01 100%	
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 4. By Statute, Death Reports are required to be submitted, complete, within a 90 day timeframe. Require corrective action plan for areas needing corrections with specified timeframes for completion of improvements.	Development al Disabilities	No Plan of Correction Required if Death Certificate Submitted prior to 8/15/01	Death Certificate submitted prior to 8/15/01	Death report late for first quarter of 2001-2002. Will continue to follow- up		
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules	Development al Disabilities	Plan of Correction due 7/15/01, Received 7/12/01	07/12/01		7/12/01 100%	

Tideland - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
01-02 Performance Agreement/ 10/15/01	Accountability 3: Incomplete data submitted to the Client Data Warehouse Quarter 1	Data Operations Branch	12/10/01				No data submission for September, 2001

Accountability 1

Trend - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 5. To assure that administrators, supervising staff and supporting staff providing supports/services for individuals receiving funding through UCR-TS via a contract with an Area Authority meet competencies. Require corrective action plan for significant deficiencies with specified timeframes for completion of improvements. (85% or higher)	Developmental Disabilities	Plan of Correction due 8/15/01. Document- ation of compliance due 9/30/01	09/30/01		9/30/01 100%	
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules	Developmental Disabilities	Plan of Correction due 7/15/01, Received 6/21/01	07/21/01		7/21/01 100%	
July, August, September, 2001	Required Corrective Action for Criteria 3 is to submit Section XVIII, Toxicology Plan and Protocol, for the First Quarter WF/SA Initiative Quarterly Reporting Form for Henderson and Transylvania Counties within 30 days of receipt of this report.	Substance Abuse Services	12/29/01				

Accountability 1

Vance-Warren-Granville-Franklin - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 5. To assure that administrators, supervising staff and supporting staff providing supports/services for individuals receiving funding through UCR-TS via a contract with an Area Authority meet competencies. Require corrective action plan for significant deficiencies with specified timeframes for completion of improvements. (85% or higher)	Developmental Disabilities	Plan of Correction due 8/15/01. Documentation of compliance due 9/30/01	09/30/01		9/30/01 95%	

Accountability 1

Wake - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Accountability 5. To assure that administrators, supervising staff and supporting staff providing supports/services for individuals receiving funding through UCR-TS via a contract with an Area Authority meet competencies. Require corrective action plan for significant deficiencies with specified timeframes for completion of improvements. (85% or higher)	Developmental Disabilities	Plan of Correction due 8/15/01. Documentation of compliance due 9/30/01	07/31/01		7/31/01 88%	
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules	Developmental Disabilities	Plan of Correction due 7/15/01, Received 7/10/01	07/10/01		7/10/01 100%	
July, August, September, 2001	Required Corrective Action for Criteria 3 is to submit Section XVIII, Toxicology Plan and Protocol, for the First Quarter WF/SA Initiative Quarterly Reporting Form for Wake County within 30 days of receipt of this report.	Substance Abuse Services	12/29/01				
01-02 Performance Agreement (Items Monitored under Section III-C)	Performance Agreement-Attachment 1-Child and Family Services 5: Establish local Community Collaboratives. The Area Program shall submit a Child Mental Health Community Needs Assessment.	Child and Family Services	12/01/01				

Accountability 1

Wayne - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
00-01 Performance Agreement 8/13/00	Performance Requirement: Accountability 5. To assure that administrators, supervising staff and supporting staff providing supports/services for individuals receiving funding through UCR-TS via a contract with an Area Authority meet competencies. Require corrective action plan for significant deficiencies with specified time frames for completion of improvements (85% or higher)	Development al Disabilities	Plan of Correction due 8/15/01. Documentati on of compliance due 9/30/01	No POC received by 8/15/01. No supporting documentation received by 9/30/01			Will schedule an on-site technical assistance visit 11/1.
00-01 Performance Agreement 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules.	Development al Disabilities	Plan of Correction due 7/15/01	07/11/01		7/11/01 100%	

Accountability 1

Wilson-Greene - Corrective Actions as of the End of the First Quarter 2001-2002

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
00-01 Performance Agreement/ 8/13/00	Performance Requirement: Service Delivery 5. To assure that Area Authorities are developing and implementing process to meet Single Portal Rules	Development al Disabilities	Plan of Correction due 7/15/01, Received 7/13/01	07/13/01		7/13/01 100%	
01-02 Performance Agreement/ 10/15/01	Accountability 3: Incomplete data submitted to the Client data Warehouse	Data Operations Branch	12/10/01				No data submission for September, 2001

2001-2002 Performance Agreement
First Quarter Report
July 1, 2001 - September 30, 2001

Accountability 2

Performance Requirement: Achieve and maintain accreditation by the Council on Accreditation (COA)

Area Program/County	COA Accredited	Expiration Date*	Remarks
Alamance-Caswell	Yes	7/31/04	
Albemarle	Yes	1/31/05	
Blue Ridge	Yes	5/31/05	
Catawba	Yes	9/30/05	
CenterPoint	Yes	4/30/05	
Crossroads	Yes	5/31/05	
Cumberland	Yes	7/31/03	
Davidson	Yes	7/31/05	
Duplin-Sampson	Yes	2/29/04	
Durham	Yes	7/31/05	
Edgecombe-Nash	No		2/23/01-Accreditation decision deferred for 6 months
Foothills	No		7/20/01-Accreditation decision deferred for 3 months
Guilford	Yes	7/31/04	
Johnston	Yes	7/31/03	
Lee-Harnett	Yes	10/31/04	
Lenoir	Yes	1/31/05	
Mecklenburg	NA		Exempted from COA review
Neuse	Yes	11/30/04	
New River	Yes	6/30/05	
Onslow	Yes	2/28/05	
Orange-Person-Chatham	Yes	12/31/04	
Pathways	Yes	6/30/05	
Piedmont	Yes	7/31/05	
Pitt	No		7/20/01-Accreditation decision deferred for 9 months
Randolph	Yes	6/30/04	
RiverStone	No		Accreditation decision pending
Roanoke-Chowan	Yes	2/28/05	
Rockingham	Yes	4/30/05	
Rutherford-Polk	Yes	10/31/04	
Sandhills	Yes	1/31/05	
Smoky Mountain	Yes	11/30/03	
Southeastern Center	Yes	2/28/05	
Southeastern Regional	Yes	6/30/05	
Tideland	Yes	5/31/05	
Trend	Yes	8/31/05	
Vance-Granville-Franklin-Warren	No		7/20/01-Accreditation decision deferred for 3 months
Wake	Yes	7/31/05	Corrective action required by 2/16/02
Wayne	Yes	1/31/05	
Wilson-Greene	Yes	12/31/04	

* Change in COA accreditation cycle from 3 to 4 years approved by the Commission for Mental Health, Developmental Disabilities and Substance Abuse Services September 17, 2001

2001-2002 Performance Agreement
First Quarter Report
July 1, 2001 - September 30, 2001

Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified: Client Data Warehouse (CDW)

Explanation: The following table shows admission data submitted by Area Programs to the CDW as of October 25, 2001

Area Program/County	Facility Code	JULY	AUG	SEPT	First Quarter Adm 02	First Quarter Adm 01	Monthly Average 02	Monthly Average 01
Alamance-Caswell	23051				0	353	0	118
Albemarle	43121	150	157	136	443	471	148	157
Blue Ridge	13021	295	339		634	905	211	302
Catawba	13091	202	243	232	677	593	226	198
CenterPoint	23021	343	353	306	1,002	919	334	306
Crossroads	23011	99	107	97	303	311	101	104
	23012	41	45	40	126	131	42	44
	23013	41	29	25	95	116	32	39
	23014	122	123	104	349	357	116	119
Cumberland	33051	258	263	227	748	788	249	263
Davidson	33021	174	165	154	493	529	164	176
Duplin-Sampson	43131	132	82		214	239	71	80
Durham	23071	94			94	552	31	184
Edgecombe-Nash	43051	153	196	168	517	594	172	198
Foothills	13051	151	113		264	464	88	155
Guilford	23041	366	430	227	1,023	1385	341	462
Johnston	33071	96	127	97	320	336	107	112
Lee-Harnett	33061	120	125		245	380	82	127
Lenior	43081	49	37		86	245	29	82
Mecklenburg					0	0	0	0
Carolina Medic	13101				0	944	0	315
Child Dev. Disabilities	13102				0	1376	0	459
Neuse	43071	130	158	93	381	389	127	130
New River	13030	120	147	104	371	453	124	151
Onslow	43021	115	108	42	265	349	88	116
Orange-Person-Chatham	23061	62	51	12	125	448	42	149
Pathways	13081	268	354	376	998	660	333	220
Piedmont	13121	59	72	10	141	317	47	106
Pitt	43091	124	159	113	396	476	132	159
Randolph	33101				0	430	0	143
RiverStone	43061	56			56	231	19	77
Roanoke-Chowan	43101	102	114	79	295	304	98	101
Rockingham	23031	101	111	87	299	659	100	220
Rutherford-Polk	13061	70	94	62	226	265	75	88
Sandhills	33031	187	189	144	520	558	173	186
Southeastern Center	43011	209	262	218	689	675	230	225
Southeastern Regional	33041	163	43		206	720	69	240
Smoky Mountain	13010	224	282	211	717	779	239	260
Tideland	43111	148	146		294	291	98	97
Trend	13041	79	119	67	265	324	88	108
V-G-F-W	23081	85	74	73	232	377	77	126
Wake	33081	195	185	87	467	895	156	298
Wayne	43031	200	146	88	434	257	145	86
Wilson-Greene	43041	66	66		132	253	44	84
TOTAL ADMISSIONS		5,649	5,814	3,679	15,142	22,098	5,047	7,366

2001-2002 Performance Agreement
First Quarter Report
July 1, 2001 - September 30, 2001

Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified:
Client Outcomes Instrument (COI)

Explanation: There are two accountability measures for client outcomes at this time: (1) the Area Program has sent in forms; and (2) completion of field 3a. Failure to complete this field does not result in the forms being returned without keying, but the percentage complete is calculated and reported as a compliance measure. The following table is a report on COI's completed April 1, 2001 through June 30, 2001 and received by September 12, 2001

Area Program/County	TOTAL FORMS	INITIAL		UPDATE		DISCHARGE		ITEM NOT COMPLETED		% COMPLIANT
		#	%	#	%	#	%	#	%	
Alamance-Caswell	435	162	37.2%	226	52.0%	47	10.8%	0	0.0%	100.0%
Albemarle	1439	443	30.8%	877	60.9%	117	8.1%	2	0.1%	99.9%
Blue Ridge	465	103	22.2%	254	54.6%	102	21.9%	6	1.3%	98.7%
Catawba	311	86	27.7%	153	49.2%	72	23.2%	0	0.0%	100.0%
CenterPoint	1106	176	15.9%	901	81.5%	29	2.6%	0	0.0%	100.0%
Crossroads	298	182	61.1%	47	15.8%	68	22.8%	1	0.3%	99.7%
Cumberland	395	124	31.4%	184	46.6%	87	22.0%	0	0.0%	100.0%
Davidson	179	64	35.8%	85	47.5%	29	16.2%	1	0.6%	99.4%
Duplin-Sampson	132	76	57.6%	47	35.6%	7	5.3%	2	1.5%	98.5%
Durham	204	126	61.8%	58	28.4%	20	9.8%	0	0.0%	100.0%
Edgecombe-Nash	355	51	14.4%	198	55.8%	105	29.6%	1	0.3%	99.7%
Foothills	483	43	8.9%	429	88.8%	11	2.3%	0	0.0%	100.0%
Guilford	88	56	63.6%	24	27.3%	6	6.8%	2	2.3%	97.7%
Johnston	222	64	28.8%	113	50.9%	45	20.3%	0	0.0%	100.0%
Lee-Harnett	258	69	26.7%	157	60.9%	32	12.4%	0	0.0%	100.0%
Lenoir	127	18	14.2%	77	60.6%	32	25.2%	0	0.0%	100.0%
Mecklenburg	1655	951	57.5%	585	35.3%	112	6.8%	7	0.4%	99.6%
Neuse	137	54	39.4%	77	56.2%	6	4.4%	0	0.0%	100.0%
New River	430	147	34.2%	190	44.2%	93	21.6%	0	0.0%	100.0%

Performance Requirement: Submit timely and complete client data reports for all clients as specified:
Client Outcomes Instrument (COI)

Area Program/County	TOTAL FORMS	INITIAL		UPDATE		DISCHARGE		ITEM NOT COMPLETED		% COMPLIANT
		#	%	#	%	#	%	#	%	%
Onslow	400	210	52.5%	161	40.3%	8	2.0%	21	5.3%	94.8%
Pathways	564	225	39.9%	236	41.8%	103	18.3%	0	0.0%	100.0%
Piedmont	214	100	46.7%	91	42.5%	21	9.8%	2	0.9%	99.1%
Pitt	311	213	68.5%	94	30.2%	3	1.0%	1	0.3%	99.7%
Randolph	319	83	26.0%	222	69.6%	14	4.4%	0	0.0%	100.0%
RiverStone	194	81	41.8%	97	50.0%	16	8.2%	0	0.0%	100.0%
Roanoke-Chowan	294	62	21.1%	181	61.6%	37	12.6%	14	4.8%	95.2%
Rockingham	130	42	32.3%	68	52.3%	20	15.4%	0	0.0%	100.0%
Rutherford-Polk	220	39	17.7%	169	76.8%	4	1.8%	8	3.6%	96.4%
Sandhills	260	52	20.0%	154	59.2%	54	20.8%	0	0.0%	100.0%
Smoky Mountain	667	100	15.0%	559	83.8%	4	0.6%	4	0.6%	99.4%
SE Center	313	95	30.4%	183	58.5%	35	11.2%	0	0.0%	100.0%
SE Regional	1987	964	48.5%	651	32.8%	371	18.7%	1	0.1%	99.9%
Tideland	8	5	62.5%	3	37.5%	0	0.0%	0	0.0%	100.0%
Trend	200	76	38.0%	82	41.0%	42	21.0%	0	0.0%	100.0%
V-G-F-W	31	13	41.9%	13	41.9%	5	16.1%	0	0.0%	100.0%
Wake	282	105	37.2%	155	55.0%	20	7.1%	2	0.7%	99.3%
Wayne	156	46	29.5%	61	39.1%	49	31.4%	0	0.0%	100.0%
Wilson-Greene	233	55	23.6%	174	74.7%	4	1.7%	0	0.0%	100.0%
TOTAL FOR STATE	15502	5561	35.9%	8036	51.8%	1830	11.8%	75	0.5%	99.5%

2001-2002 Performance Agreement
First Quarter Report
July 1, 2001 - September 30, 2001

Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified: **Comprehensive Treatment Services Program (At Risk Children) Assessment and Outcome Instrument (AOI)**

This requirement has been suspended for the first quarter due to changes being made with the AOI data collection process within the Comprehensive Treatment Services Program funded services

2001-2002 Performance Agreement
First Quarter Report
July 1, 2001 - September 30, 2001

Accountability 3

Performance Requirement: Submit timely and complete data reports for all persons as specified: MR/MI Person Centered Plans

Explanation: Person Centered Plans are due during the birth month of the individual. Plans will be accepted if submitted by the fifth of the month following the birth month. Plans must be complete with specified attachments. Both timeliness and completeness are rated. Ratings of less than 90% for two reporting quarters will require a corrective action plan with specified timeframes for completion of improvements.

Area Program/County	PCP Due Current Qtr	PCP Due Previous Qtrs	PCP Due YTD	PCP Complete Current Qtr	PCP Complete Previous Qtrs	PCP Complete YTD	PCP Received On Time Current Qtr	PCP Rec'd On Time Previous Qtrs	PCP Received On Time YTD	PCP Total % Complete Current Qtr	PCP Total % Complete YTD	PCP Total % Rec'd On Time Current Qtr	PCP Total % Rec'd On Time YTD	Total PCP Submitted YTD
Alamance-Caswell	16	0	16	16	0	16	16	0	16	100%	100%	100%	100%	16%
Albemarle	6	0	6	6	0	6	6	0	6	100%	100%	100%	100%	6%
Blue Ridge	10	0	10	9	0	9	10	0	10	90%	90%	100%	100%	10%
Catawba	8	0	8	8	0	8	8	0	8	100%	100%	100%	100%	8%
CenterPoint	5	0	5	5	0	5	5	0	5	100%	100%	100%	100%	5%
Crossroads	2	0	2	2	0	2	2	0	2	100%	100%	100%	100%	2%
Cumberland	4	0	4	3	0	3	4	0	4	75%	75%	100%	100%	4%
Davidson	2	0	2	1	0	1	2	0	2	50%	50%	100%	100%	2%
Duplin-Sampson	3	0	3	3	0	3	3	0	3	100%	100%	100%	100%	3%
Durham	9	0	9	9	0	9	9	0	9	100%	100%	100%	100%	9%
Edgecombe-Nash	6	0	6	5	0	5	5	0	5	83%	83%	83%	83%	5%
Foothills	18	0	18	18	0	18	18	0	18	100%	100%	100%	100%	18%
Guilford	15	0	15	15	0	15	15	0	15	100%	100%	100%	100%	15%
Johnston	1	0	1	1	0	1	1	0	1	100%	100%	100%	100%	1%
Lee-Harnett	4	0	4	3	0	3	4	0	4	75%	75%	100%	100%	4%
Lenoir	2	0	2	2	0	2	2	0	2	100%	100%	100%	100%	2%
Mecklenburg	18	0	18	18	0	18	18	0	18	100%	100%	100%	100%	18%
Neuse	9	0	9	9	0	9	9	0	9	100%	100%	100%	100%	9%
New River	6	0	6	6	0	6	6	0	6	100%	100%	100%	100%	6%
Onslow	2	0	2	1	0	1	2	0	2	50%	50%	100%	100%	2%
O-P-C	8	0	8	5	0	5	5	0	5	63%	63%	63%	63%	5%
Pathways	24	0	24	24	0	24	24	0	24	100%	100%	100%	100%	24%
Piedmont	9	0	9	9	0	9	9	0	9	100%	100%	100%	100%	9%
Pitt	8	0	8	8	0	8	8	0	8	100%	100%	100%	100%	8%
Randolph	7	0	7	7	0	7	7	0	7	100%	100%	100%	100%	7%
RiverStone	8	0	8	7	0	7	8	0	8	88%	88%	100%	100%	8%
Roanoke-Chowan	3	0	3	3	0	3	3	0	3	100%	100%	100%	100%	3%
Rockingham	5	0	5	5	0	5	5	0	5	100%	100%	100%	100%	5%
Rutherford-Polk	5	0	5	5	0	5	5	0	5	100%	100%	100%	100%	5%
Sandhills	7	0	7	7	0	7	7	0	7	100%	100%	100%	100%	7%
SE Center	11	0	11	7	0	7	10	0	10	64%	64%	91%	91%	10%
SE Regional	10	0	10	10	0	10	10	0	10	100%	100%	10%	100%	10%
Smoky Mountain	9	0	9	9	0	9	9	0	9	100%	100%	100%	100%	9%
Tideland	6	0	6	6	0	6	6	0	6	100%	100%	100%	100%	6%
Trend	7	0	7	6	0	6	5	0	5	86%	86%	71%	71%	5%
Tri-Alliance	9	0	9	8	0	8	9	0	9	89%	89%	100%	100%	9%
V-G-F-W	8	0	8	5	0	5	5	0	5	63%	63%	63%	63%	5%
Wake	10	0	10	10	0	10	10	0	10	100%	100%	100%	100%	10%
Wayne	5	0	5	4	0	4	4	0	4	80%	80%	80%	80%	4%
Wilson-Greene	7	0	7	7	0	7	7	0	7	100%	100%	100%	100%	7%

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Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified: The Local Community Collaborative will submit Comprehensive Treatment Services Program (At Risk Children) waiting list data on a quarterly basis.

Area Program/County	Waiting List Data Submitted
Alamance-Caswell	Yes
Albemarle	Yes
Blue Ridge	Yes
Catawba	Yes
CenterPoint	Yes
Crossroads	Yes
Cumberland	No
Davidson	Yes
Duplin-Sampson	Yes
Durham	No
Edgecombe-Nash	Yes
Foothills	Yes
Guilford	Yes
Johnston	Yes
Lee-Harnett	No
Mecklenburg	Yes
Neuse	Yes
New River	Yes
Onslow	No
Orange-Person-Chatham	Yes
Pathways	Yes
Piedmont	Yes
Pitt	Yes
Randolph	Yes
RiverStone	Yes
Roanoke-Chowan	Yes
Rockingham	No
Rutherford-Polk	Yes
Sandhills	Yes
Smoky Mountain	Yes
Southeastern Center	Yes
Southeast Regional	Yes
Tideland	Yes
Trend	Yes
Vance-Granville-Franklin-Warren	Yes
Wake	Yes
Wayne	Yes
Wilson-Greene	Yes

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Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified: Maintain current, accurate computerized database reflecting content specified by the Developmental Disabilities Section

Explanation: For data submitted 7/15/01 the rating for maintaining data reflects a review of data used in determining the wait list information and reports submitted from the database. This method of review is based upon the criteria established through the 2000-2001 Performance Agreement single portal self-monitoring form. Data submitted 1/15/02 will be reviewed for current and accurate data based upon criteria established through the 2001-2002 Performance Agreement, Attachment 11. Ratings for each period will have a 0,1, 2 scale for timeliness and completion. For ratings less than 2, a plan of correction will be required specifying timeframes and steps.

Area Program/County	Timeliness	Completeness	Total Rating
Alamance-Caswell	7/13/01	2	100%
Albemarle	7/11/01	2	100%
Blue Ridge	7/12/01	2	100%
Catawba	7/16/01	2	100%
CenterPoint	7/13/01	2	100%
Crossroads	7/13/01	2	100%
Cumberland	7/13/01	2	100%
Davidson	7/3/01	2	100%
Duplin-Sampson	7/6/01	2	100%
Durham	7/16/01	2	100%
Edgecombe-Nash	7/10/01	2	100%
Foothills	7/13/01	2	100%
Guilford	7/13/01	2	100%
Johnston	7/13/01	2	100%
Lee-Harnett	7/13/01	2	100%
Lenoir	7/16/01	2	100%
Mecklenburg	7/16/01	2	100%
Neuse	7/13/01	2	100%
New River	7/10/01	2	100%
Onslow	7/17/01	2	50%
Orange-Person-Chatham	7/13/01	2	100%
Pathways	7/12/01	2	100%
Piedmont	7/13/01	2	100%
Pitt	7/9/01	2	100%
Randolph	7/12/01	2	100%
RiverStone	7/12/01	2	100%
Roanoke-Chowan	7/12/01	2	100%
Rockingham	7/16/01	2	100%
Rutherford-Polk	7/16/01	2	100%
Sandhills	7/12/01	2	100%
Smoky Mountain	7/12/01	2	100%
Southeastern Center	7/13/01	2	100%
Southeastern Regional	7/13/01	2	100%
Tideland	7/12/01	2	100%
Trend	7/16/01	2	100%
V-G-F-W	7/13/01	2	100%
Wake	7/10/01	2	100%
Wayne	7/11/01	2	100%
Wilson-Greene	7/13/01	2	100%

Accountability3-MaintainDatabase,Q1

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Access to Services 1

Performance Requirement: Provide access to services for eligible children in Department of Social Services (DSS) custody in an attempt to improve penetration rates from Fiscal Year 2001 to Fiscal Year 2002, subject to available funding

Explanation: Penetration rate = (A / B) where A = Number of children in DSS custody receiving MH services form Area Programs. From Medicaid paid claims data. B = Number of children in DSS custody in Area Program catchment area. From Medicaid eligibility data. Children (age<18) with eligibility aid-category IAS or HSF. Based on claims paid through June 2001 and eligibility through beginning of July 2001.

Area Program/County	SFY1999 Adjusted Average	SFY2000 Adjusted Average	SFY2001 Adjusted Average	SFY2002 q1
Alamance-Caswell	30.4 %	27.4 %	21.3 %	14.3 %
Albemarle	25.6 %	22.6 %	21.8 %	11.3 %
Blue Ridge	3.9 %	39.4 %	36.5 %	30.7 %
Catawba	36.3 %	35.3 %	28.8 %	22.9 %
CenterPoint	3.3 %	24.4 %	25.6 %	24.2 %
Crossroads	29.0 %	24.3 %	21.7 %	18.7 %
Cumberland	16.7 %	15.7 %	15.2 %	12.4 %
Davidson	27.1 %	25.7 %	23.0 %	23.0 %
Duplin-Sampson	18.5 %	18.4 %	15.3 %	12.7 %
Durham	30.8 %	31.9 %	29.9 %	17.3 %
Edgecombe-Nash	31.1 %	25.2 %	26.1 %	4.5 %
Foothills	1.1 %	23.1 %	21.7 %	6.7 %
Guilford	29.3 %	30.2 %	22.6 %	17.1 %
Johnston	20.1 %	21.1 %	28.7 %	19.4 %
Lee-Harnett	20.5 %	17.8 %	16.0 %	17.5 %
Lenoir	21.1 %	17.7 %	31.5 %	26.8 %
Mecklenburg	22.8 %	26.3 %	27.2 %	5.2 %
Neuse	21.5 %	21.7 %	20.7 %	12.9 %
New River	36.7 %	38.4 %	34.5 %	21.5 %
Onslow	17.9 %	14.6 %	14.4 %	8.3 %
O-P-C	4.4 %	32.7 %	31.7 %	23.2 %
Pathways	9.8 %	35.0 %	36.4 %	30.5 %
Piedmont	27.3 %	28.2 %	25.7 %	23.8 %
Pitt	34.0 %	30.0 %	31.2 %	29.0 %
Randolph	43.2 %	45.0 %	48.7 %	43.0 %
RiverStone	21.6 %	26.6 %	24.7 %	26.4 %
Roanoke-Chowan	40.4 %	37.4 %	35.0 %	32.3 %
Rockingham	18.7 %	16.2 %	17.1 %	18.9 %
Rutherford-Polk	40.4 %	36.6 %	34.2 %	28.0 %
Sandhills	24.9 %	25.5 %	22.8 %	23.0 %
Smoky Mountain	9.0 %	36.3 %	31.7 %	22.1 %
Southeastern Center	6.4 %	34.8 %	34.3 %	31.5 %
Southeastern Regional	23.1 %	20.3 %	20.7 %	17.4 %
Tideland	35.3 %	34.6 %	29.7 %	20.3 %
Trend	3.1 %	44.7 %	40.0 %	33.1 %
V-G-F-W	4.4 %	30.2 %	27.3 %	20.4 %
Wake	2.6 %	28.8 %	29.2 %	24.4 %
Wayne	14.1 %	9.4 %	10.3 %	3.8 %
Wilson-Greene	18.2 %	19.1 %	18.6 %	14.9 %
State Total	18.8 %	28.3 %	26.9 %	19.7 %